

# NOTICE OF INTENT

TO COMPLY WITH  
ORDER NO. R5-2006-0053

## COALITION GROUP CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES FROM IRRIGATED LANDS

### 1. COALITION GROUP INFORMATION

|                                 |         |        |      |                   |
|---------------------------------|---------|--------|------|-------------------|
| Coalition Group Name:           |         |        |      |                   |
| Coalition Group Representative: |         |        |      |                   |
| Mailing Address:                |         |        |      |                   |
| City/Locale:                    | County: | State: | Zip: | Telephone Number: |

The Coalition Group representative's information shall be included in the above information box.

The NOI shall contain an electronic list of landowners and/or operators of irrigated lands that discharge waste to waters of the State, who are knowingly participating in the Coalition Group. This Participant List shall include: (1) assessor parcel number; (2) parcel size; (3) parcel owner or operator name; and (4) parcel owner or operator mailing address.

The Central Valley Water Board may further specify the information to be included. This information shall be provided to the Central Valley Water Board upon request, within the time specified by the Central Valley Water Board, which time shall not exceed 30 days.

### 2. REASON(S) FOR FILING

|   |  |
|---|--|
| <input type="checkbox"/> New Discharge or Coalition Group   | <input type="checkbox"/> Changes in Ownership/Operator or addition of Discharger(s) to Coalition Group |
| <input type="checkbox"/> Existing Coalition Group           |  |
| <input type="checkbox"/> Change of Coalition Group boundary | <input type="checkbox"/> Other:  |

### 3. ADDITIONAL INFORMATION

Please attach the following information to this NOI:

1. A site map, which shows the geographic boundaries of the Coalition Group and identifies the surface watercourses within these boundaries.

2. Use the space below, or attach additional sheets, to explain any response that needs clarification.

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#### 4. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, complete, and that those individual Dischargers listed in the Member Document have elected to join the Coalition Group. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_